	1		· .'					.)					
PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number					
Effective October 1, 2001								10087406					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			30				RA	TE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BAS	C FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			30 minus 20=		10		XS	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 =				X4	X42=		OR	X84=		
M	LTIPLE DEPEN	IDENT CLAIM P	RESENT				+140			OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TO	TAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II										3	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								ALL	ENTITY	OR	SMALL		
ENTA		REMAINING AFTER AMENDMENT		MUM PREVIO	BER OUSLY	PRESENT EXTRA	RA	TE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	20	Minus	-3	Ũ,	-	X\$	1=8		OR	X\$18=		
ĮŽ.	Independent	. 13	Minus			•	X4	2=	1	ОЯ	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	0=.		OB	+280≈	7	
								OTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								FEE		10	ADDIT, FEE	L	
IENDMENT B		CLAIMS REMAINING		HIGHEST		PRESENT			ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVI PAID	DUSLY	EXTRA	RA	TE	TIONAL FEE		RATE	TIONAL	
Ş	Total	•	Minus	678		-	XS	9 =		OR	X\$18=		
AME	Independent	•	Minus	***		2	X4:	2=		OR	X84=	•	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+14	0=		OR	+280=		
								DTAL		ام	TOTAL	•	
(Column 1) (Column 2) (Column 3)							ADDIT.	FEE		lo,,	ADOIT, FEE		
၁		CLAIMS		FIGH	EST				ADDI-	1		4001	
AMENDMENT (REMAINING AFTER AMENOMENT	1,00	PREVX PAID	DUSLY	PRESENT EXTRA	RA*	re	TIONAL		RATE	ADDI- TIONAL FEE	
NDA	Total	•	Minus	**		E	X\$	g.		OR	X\$18=		
AME	Independent	*	Minus	***		-	X4:	?=			X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							0=	-	OR			
•	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.									OR	+280=		
-	** If the "Highest Number Previously Poid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Poid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT FEE		
•	The "Highest Nur	ober Previously Pai	d For (Total o	r Independ	ent) is the	highest number	found in t	he app	propriate bo	c im coi	lumn 1.		
FORM	PTO-875 Flax &	D1)					Dates and	Track	ma 200 - 11	b ncc	MOTIVE OF THE	*	

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